

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	36	59	6/6/10
O.I.P.E. CLASSIFIER		21	9/14/10
FORMALITY REVIEW	ZP	1027	10/04/10
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	02/06/12
Original	X
1	✓✓✓✓
2	✓✓
3	✓✓
4	✓✓
5	✓X
6	✓✓✓
7	✓✓
8	✓✓
9	✓✓
10	✓✓✓
11	X✓✓✓
12	✓✓✓
13	✓✓✓
14	✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

JCTT  
10/14/10

Best Available Copy